



City of Benson Parks & Recreation Summer/Swim Program Registration Form, Waiver and Release

Participant _____ Age _____ Gender _____
 Participant _____ Age _____ Gender _____
 Participant _____ Age _____ Gender _____
 Participant _____ Age _____ Gender _____

Responsible Party Name _____ Address _____
 City _____ State _____ Zip Code _____ Email _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 Emergency Contact _____ Phone _____ Cell _____

Does the participant/s have any disability that requires special accommodation? Yes No
 If yes, please identify which participant minor requires special accommodation and the nature of the disability:

Camp _____ Participant's Name _____ Fee \$ _____
 Camp _____ Participant's Name _____ Fee \$ _____
 Camp _____ Participant's Name _____ Fee \$ _____
 Camp _____ Participant's Name _____ Fee \$ _____
 Total \$ _____

No refunds of any kind will be granted after the start of a City of Benson Summer Program (no exceptions). _____ (Initial Here)

Waiver, Defend, Hold Harmless, Indemnify and Release of All Claims
 As a participant in the Summer Program, or as the parent/legal guardian of a participant minor, I recognize that there are certain serious risks of significant physical injury, permanent disability, property damage and/or death. These risks may result not only from my own, or the participant minor's own, actions, inactions, or negligence, but also from the action, inactions or negligence, or wanton acts of others. These risks include but are not limited to falls, contact with participants or others in the area, defects or condition of premises, the risks inherent with pool use including but not limited to slipping and falling on surrounding wet surfaces, physically striking a body part against the pool interior causing injury, swallowing water, and even drowning, the effect of weather (including high heat and/or humidity), and any and all bacteria and/or viruses that may be present, including but not limited to COVID-19 or any coronavirus. Further, there may be other risks not known to me, or not reasonably foreseeable, such as disability or death. I nonetheless agree to assume the full risks and accept personal responsibility for any and all of the above which I, or my child/ward, may sustain as a result of participating in any and all activities connected with or associated with the City of Benson Summer Program. In exchange for the City of Benson providing me and/or my ward and/or my minor child a valuable service at a nominal price, I agree to release, waive, discharge, relinquish and not sue on any and all claims I, or my child/ward, may have as a result of participating in the Summer Program against the City of Benson, its employees, agents, officers, and the recreation program's sponsors. I do hereby release and discharge the City of Benson and its employees, agents and officers, from any and all claims from injuries, including death, property damage or loss which I, or my child/ward, may have or which may accrue to us on account of participation in the Summer Program. I do further agree to fully defend, indemnify and hold harmless the City of Benson and its employees, agents and officers, from any and all claims, including attorney's fees and costs, resulting from injuries, including death, and other losses sustained by me, or my child/ward, arising out of, connected with, or in any way associated with the activities of the Summer Program.



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PLEASE READ, INITIAL, AND SIGN THE BACK OF THIS FORM

____ (Initial Here) By initialing I acknowledge I have completely read and fully understand this Agreement entirely. I have given up substantial rights by signing this Agreement, and I sign this Agreement voluntarily. I agree this document clearly and unambiguously absolves the City of Benson, its officers, employees and agents and their heirs, administrators and executors from every claim arising from any aspect of the operations related to participation in the Summer Program.

If I cannot be reached in an emergency, I hereby give my permission to any employees or agents of the City of Benson to secure proper medical care for my child as deemed necessary.

**If participant is a minor registration form must be signed by parent or legal guardian.*

Signature of Parent or Legal Guardian of Minor Child(ren),
as authorized on behalf of the marital community

Date